

**IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA**

---

	)	
	)	
_____	)	
<b>Petitioner</b>	)	
	)	<b>WCC No. _____</b>
<b>vs.</b>	)	
	)	
_____	)	<b>PETITION DISPUTING ICCU</b>
	)	<b>DETERMINATION</b>
<b>Respondent.</b>	)	<b>(NON-WORKERS'</b>
	)	<b>COMPENSATION)</b>

---

1. On \_\_\_\_\_, I applied for an independent contractor exemption. A copy of my application is attached.
2. My request for the independent contractor exemption certificate was denied on \_\_\_\_\_. A copy of the denial is attached.
3. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.
4. I am appealing the denial and request the Workers' Compensation Court to determine that I am an independent contractor entitled to an independent contractor exemption.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Petitioner

Please print or type: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Attach copies of Independent Contractor Exemption and denial letter**